



Instructions for Immigrant Visa Medical Examinations

You should go to one of the designated physicians on the attached list for a medical examination. Medical examination reports made by physicians not specifically designated will not be accepted. All costs for such examinations must be borne by the visa applicant.

The applicant should make an appointment for a medical examination directly with a physician on the list. The applicant will need to submit five copies of the medical report form and six photographs (color or black and white; 2 inches by 2 inches) for the report. When the examination is complete, the hospital will give the medical report and X-rays to the applicant who will present them to this office at the time of visa interview. If the examination reveals a classifiable condition, then the hospital will send the report and X-rays directly to this office.

YOU SHOULD TAKE YOUR PASSPORT WITH YOU WHEN YOU GO FOR YOUR MEDICAL EXAMINATION.

健康檢查須知

您現在須要去指定的醫院(請看附表)接受健康檢查，不是由指定的醫師所做的健康檢查，恕不接受。健康檢查所需費用由簽證申請人負擔。申請人選定了醫院後應自行與醫院約定接受檢查時間，屆時須將健康檢查報告表及六張照片(兩吋正方黑白或彩色皆可)，繳給醫師做報告。檢查完畢後醫院會將報告表及X光片交給申請人，辦理簽證時由申請人自己帶來。但檢查發現有異狀時，仍應由醫師直接送到本組。

前往醫院接受健康檢查時請攜帶護照。

A BLOOD TEST FOR ANTIBODY TO THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IS REQUIRED AS PART OF YOUR MEDICAL EXAMINATION IF YOU ARE AGE FIFTEEN (15) OR OLDER. HIV IS THE VIRUS THAT IS THE CAUSE OF THE ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). AIDS IS THE NAME GIVEN TO A GROUP OF ILLNESSES WHICH MAY OCCUR IN PERSONS INFECTED WITH HIV. INFECTION WITH HIV CAUSES A DEFECT IN A PERSON'S NATURAL IMMUNITY AGAINST DISEASE.

THIS DEFECT LEAVES INFECTED PEOPLE VULNERABLE TO SERIOUS ILLNESSES THAT WOULD NOT USUALLY BE A THREAT TO ANYONE WHOSE IMMUNE SYSTEM WAS INTACT. THIS TEST IS NOT TO DIAGNOSE AIDS, BUT TO DETECT ANTIBODIES TO THE VIRUS. IF THE RESULT IS POSITIVE, IT DOES NOT NECESSARILY MEAN THAT YOU HAVE AIDS OR WILL GET IT. THE RESULTS OF YOUR TEST WILL BE PROVIDED TO A CONSULAR OFFICER. ALSO, IT MAY BE NECESSARY TO REPORT RESULTS TO THE HEALTH AUTHORITIES IN THIS COUNTRY. A POSITIVE TEST RESULT WILL MEAN THAT YOU WILL NOT BE ELIGIBLE TO RECEIVE A VISA. A POSITIVE TEST RESULT COULD ALSO HAVE OTHER LOCAL CONSEQUENCES ON YOUR DAY-TO-DAY ACTIVITIES IN THIS COUNTRY.

已滿 15 歲的申請人都必須接受人體免疫性失調症候群病毒(HIV)的血液抗體檢查。HIV 是促成先天免疫性失調症候群(AIDS 愛滋病)的主要病毒，愛滋病是對所有感染 HIV 病毒的人的總稱，感染 HIV 會造成人們對疾病的自然免疫失去功能，而此種缺陷會使感染者很容易得重病，但對一般未感染者卻沒有影響。

此種檢驗是爲了查出病毒的抗體，而不是爲了診斷出愛滋病，如檢驗結果呈顯陽性反應也並不表示你有愛滋病或會被感染，檢驗報告將轉交給領事官，同使也可能向當地衛生機關報備，陽性反應的報告將表示你無法獲得簽證。

IMPORTANT NOTICE TO IMMIGRANT VISA APPLICANTS **CONCERNING VACCINATION REQUIREMENTS**

United States immigration law now requires immigrant visa applicants to obtain certain vaccinations (listed below) prior to the issuance of an immigrant visa. Panel physicians who conduct medical examinations of immigrant visa applicants are now required to verify that immigrant visa applicants have met the new vaccination requirement, or that it is medically inappropriate for the visa applicant to receive one or more of the listed vaccinations:

- Acellular pertussis
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Influenza
- Influenza type b (Hib)
- Measles
- Meningococcal
- Mumps
- Pneumococcal
- Pertussis
- Polio
- Rotovirus
- Tetanus and diphtheria toxoids
- Varicella
- Zoster

In order to assist the panel physician, and to avoid delays in the processing of an immigrant visa, **all immigrant visa applicants** should have their vaccination records available for the panel physician's review at the time of the immigrant medical examination. Visa applicants should consult with their regular health care provider to obtain a copy of their immunization record, if one is available. If you do not have a vaccination record, the panel physician will work with you to determine which vaccinations you may need to meet the requirement. Certain waivers of the vaccination requirement are available upon the recommendation of the panel physician.

Only a physician can determine which of the listed vaccinations are medically appropriate for you, given your age, medical history, and current medical condition.

Please refer to the following link for the vaccination requirements:

http://travel.state.gov/visa/immigrants/info/info_1331.html

移民簽證申請人預防接種重要注意事項

新近修正過的美國移民法規定，申請移民簽證者必須接種某些疫苗(列表如下)，始能獲發移民簽證。指定合格醫師為移民簽證申請人做體檢時，需證明該申請人符合此一疫苗接種的新規定，或者證明此人在醫學上不宜接種下列疫苗中的某一項或多項：

- 百日咳 (Acellular Pertussis and Pertussis)
- A 型肝炎
- B 型肝炎
- 乳頭病毒疫苗
- 流行性感冒
- B 型流行性感冒 (Hib)
- 麻疹
- 細菌性腦膜炎
- 腮腺炎
- 肺炎球菌
- 小兒麻痺
- 腸病毒
- 破傷風與白喉類毒素
- 水痘
- 帶狀病毒

為協助指定合格醫師及避免拖延申請過程，所有移民簽證申請人在接受體檢之時，必須備妥接種記錄給指定合格醫師過目。申請人應向平時維護其健康的醫護人員索取一份免疫接種記錄。如果沒有接種記錄，應由指定合格醫師與申請人一起決定，你需要接種何種疫苗以符合規定。經指定合格醫師推薦，某些疫苗接種的規定可予免除。

只有醫師可按年紀，病歷及目前的健康情況，決定你適合接種哪些上列的疫苗。

關於疫苗之事可連結至: http://travel.state.gov/visa/immigrants/info/info_1331.html

LIST OF PHYSICIANS DESIGNATED TO PERFORM VISA MEDICAL EXAMINATIONS

簽證體檢指定醫師名單

MacKAY MEMORIAL HOSPITAL

Dr. T.C. Wu Dr. Pei Jan Chen
Dr. Hsu-Tah Kuo Dr. Jia-Yin Hou
#92, Chung Shan N. Rd., Sec.2, Taipei
TEL#: 2543-3535 ext. 3139
Daily except Saturday afternoons and Sunday
8:30am ~10:30 am 1:30 pm~3:30 pm

TAIWAN ADVENTIST HOSPITAL

Dr. James E. Lin Dr. H.T. Hwang
Dr. Chi-Hsung Huang
#424, Pa Teh Rd., Sec.2, Taipei
TEL#: 2781-3394, 2740-0729
Monday - Thursday 8:30am - 11:00am
1:30pm - 4:00pm
Friday and Sunday 8:30am - 11:00am

DEPARTMENT OF PREVENTIVE MEDICINE KAOHSIUNG MEDICAL UNIVERSITY HOSPITAL

Dr. Ming-Lung Yu Dr. Chia-I Lin
Dr. Jeng Fu Yang Dr. Chao Chin Chiu

Number 100, Ziyou 1st Rd., Sanmin District,
Kaohsiung City 807, Taiwan R.O.C.
TEL# (07) 3121101 ext. 6863 or 6866
FAX# (07) 3110529
Monday - Friday, 1:30 p.m. - 4:00 p.m.
Please call for an appointment.
(No food or drink for 6-8 hours prior
to appointment.)

馬偕紀念醫院

吳再成醫師 陳培然醫師
郭許達醫師 侯嘉殷醫師
台北市中山北路二段92號
電話: 2543-3535 轉 3139
每日除了星期六下午及星期日
上午八點三十分至十點三十分
下午一點三十分至三點三十分

基督復臨安息日會

台安醫院
林怡麟醫師 黃暉庭醫師
黃啓薰醫師
台北市八德路二段四二四號
電話: 2781-3394, 2740-0729
週一至週四 上午八點三十分至十一點
下午一點三十分至四點
週五和週日 上午八點三十分至十一點

高雄醫學大學附設中和醫院

保健科健康檢查中心

余明隆主任 林嘉益醫師
楊正福醫師 邱昭景醫師

高雄市三民區自由一路100號，
自強大樓2樓(十全路家樂福對面)
電話: (07)3121101 轉 6863, 6866
傳真: (07)3110529
週一到週五下午一點三十分至四點
請先電話預約(於上班時間
(請空腹 6-8 小時)

Do not write on the medical report form. When the examination has been completed the hospital will assist you in answering all questions.

**請勿在健康檢查報告表上填寫，檢查完畢後醫院將協助你填寫所有項目。

**DEPARTMENT OF HEALTH
EXECUTIVE YUAN
FENG YUAN HOSPITAL**

豐原醫院 - 家庭醫學科

Dr. Fu Chun Lee
Dr. Bih Ching Chung 鍾碧菁醫師
Dr. Yu Chieh Tsai

李福春主任
蔡佑杰醫師

No.100, An-Kan Road 台中縣豐原市安康路 100 號
Feng Yuan City,
Taichung County **420**

TEL# (04) 2527-1180 ext. 1106

電話：(04) 2527-1180 轉 1106

FAX# (04) 2528-4445 傳真：(04) 2528-4445

Tuesday, Friday and Saturday, 8:30 a.m.-12:00 p.m. 週二, 週五及週六上午八點三十分至十二點
Please call for an appointment. 請先電話預約(於上班時間)

Do not write on the medical report form. When the examination has been completed the hospital will assist you in answering all questions.

**請勿在健康檢查報告表上填寫，檢查完畢後醫院將協助你填寫所有項目。